

**U.S. DEPARTMENT OF ENERGY**  
**2004 National Science Bowl®**

**Coach Confidential Medical Information and Emergency Notification Form**  
**(Please fill out the entire 2-page form)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Yes	No		If Yes, explain
___	___	Allergies	_____ _____
___	___	Surgeries	_____ _____
___	___	Food Allergies	_____ _____
___	___	Vegetarian	_____ _____
___	___	Physical Needs	_____ _____
___	___	Visual Limitations	_____ _____
___	___	Prescribed Medications	_____ _____
___	___	Over-the-Counter Medications	_____ _____
___	___	Recent Illness	_____ _____

NAME: \_\_\_\_\_

**CONTACT INFORMATION**

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name	_____
( ) _____	Phone	( ) _____
( ) _____	Cell Phone	( ) _____
_____	Relationship	_____

**HEALTH INSURANCE**

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name	_____
( ) _____	Phone	( ) _____
	Policy #	_____

**CONSENT TO MEDICAL CARE AND TREATMENT**

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I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO FAX COPIES**